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[MARIA E. VEGA]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) Group Art Unit: 3762
MOISES CALDERON) Examiner: Holmes, Rex
Serial No.: 10/768,728)
Filed: January 29, 2004)
For: LOW FLOW ATRIAL-ARTERIAL)
SHUNT FOR PUMP-ASSISTED)
MYOCARDIAL)
REVASCULARIZATION WITHOUT)
CARDIOPULMONARY BYPASS)

PETITION FOR EXTENSION OF TIME
TO FILE ACCOMPANYING AMENDMENT

Attention: Office of Petitions
Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith is an Amendment in response to the Office Action dated May 22, 2007, for the above-identified application. Pursuant to 37 C.F.R. § 1.136(a) and M.P.E.P. § 710.02(c), Applicant respectfully requests that the deadline for filing this Amendment be extended three (3) months, from August 22, 2007 to November 22, 2007.

Adjustment date: 05/21/2008 CKHLOK
12/13/2007 MBLANCO 00000019 10768728
-525.00 OP
82 FC:2253

12/13/2007 MBLANCO 00000019 10768728
82 FC:2253
525.00 OP

Name/Ref: 05/21/2008 CKHLOK 0009292300
Date/Ref: 12/13/2007 Name/Number: 10768728
-525.00 CR
82 FC:2253

A check in the amount of \$525.00 is enclosed to cover the fee required under 37 C.F.R. §1.17(a)(3).

Please charge any additional fees or credit any overpayment to Deposit Account No. 08-2622.

Respectfully submitted,

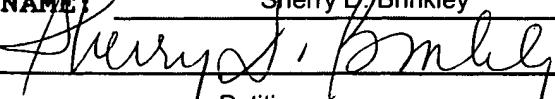
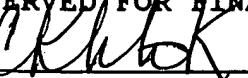


Donald S. Holland
Attorney for Applicant
Registration No. 29391
Customer No. 27804
(413) 567-2076

Date: December 11, 2007

[02082P23]

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>05/19/08</u>		2 Serial/Patent # <u>10/768,728</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
X	Extension of Time	wfee	12/11/07	\$ 525.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 525.00	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
	Overpayment	X	Credit Deposit A/C #:	
	Duplicate Payment		9 0 8 -- 2 6 2 2	
X	No Fee Due (Explanation): Extension submitted after extendable period.			
11 REFUND REQUESTED BY:				
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APPROVED:		 DATE: <u>5/21/08</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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